

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jason Cerrano :  
Serial No.: 10/820,323 : Art Unit: 3725  
Filed: April 8, 2004 : Examiner: Wolfe, Debra M.  
For: METHODS AND APPARATUS FOR PERFORMING :  
EMERGENCY EXTRACTIONS :

**Mail Stop: AMENDMENT**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:
- Amendment (19 pages)
  - Amendment Transmittal (3 pages)

**STATUS**

2. Applicant
- ☐ claims small entity status.
- ☒ is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00

_____ second month	\$ 450.00	\$ 225.00
_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=		x \$25.00 = \$	x \$50.00 = \$
	MINUS		=		x \$100.00 = \$	x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$	+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

**FEE PAYMENT**

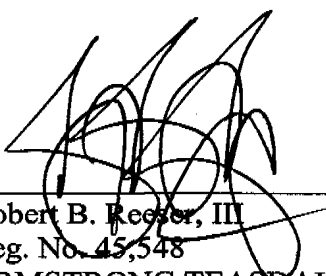
5. Attached is a check in the sum of \$\_\_\_\_\_  
☐ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.  
7. ☐ Other:



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